Health Quality Council
Annual Report
2014-2015

SASKATCHEWAN
HEALTH
QUALITY
COUNCIL

The Health Quality Council works closely with Saskatchewan's health regions, the Saskatchewan Cancer Agency, the Ministry of Health, and health providers to make care better and safer for the patients in this province.

Created in 2002 by an act of legislation, The Health Quality Council Act, HQC is governed by a board of directors comprising provincial, national, and international leaders in quality improvement science, health policy, and health care delivery.

Our vision

The highest quality of health care for everyone, every time.

Our mission

To accelerate improvement in the quality of health care throughout Saskatchewan.

Our definition of quality

Quality health care is care that is safe, effective, responsive, patient-centred, equitable, and efficient.

Our work is guided by these principles:

Responsiveness

In a dynamic and ever-changing environment, we respond to system needs and identify emerging opportunities to support our customers in making care better and safer.

Innovation

To achieve our mission, we must challenge the status quo, question from a base of evidence and work with those ready to fundamentally redesign the system.

Collaboration

Partnerships among those committed to transformative change are critical. We believe open communication and collaboration nurtures relationships and produces results. We encourage full participation, different perspectives, constructive dialogue, and people building the skills to help themselves.

Focus on Improvement

The pursuit of excellence is relentless. Continuous improvement is at the core of the work we do and the way we work; this includes managing in and learning from uncertainty.

Knowledge for Action

Evidence informs and measurement drives all of our activities. We are driven to gather, synthesize, and exchange knowledge, to continually learn and to put what we learn into practice in a way that engages our key customers.

Transparency

Transparency in processes and outcomes builds trust and respect, and is the foundation for learning and improvement.

Integrity

Our morals and character guide us to act ethically at all times in service of the public good.

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Letter of Transmittal

The Honourable Dustin Duncan
Minister of Health
Room 204, Legislative Building
REGINA SK S4S 0B3

Dear Mr. Duncan:

I am pleased to submit the Health Quality Council's annual report. This report is for the 2014-2015 fiscal year and is submitted in accordance with the requirements of *The Health Quality Council Act* and *The Tabling of Documents Act*.

Dr. Susan Shaw
Board Chair
Health Quality Council

Message from the Board Chair

Kim Collins, a world champion track and field sprinter, once said: "Strive for continuous improvement, instead of perfection." Though he was referring to sports, Collins' quote aptly describes a guiding principle at the Health Quality Council. Our staff and board members strive for continuous improvement on many levels. We continue to improve the ways in which we approach our daily work. We continue to improve the ways in which we work with, engage, and inspire our colleagues throughout Saskatchewan's health system. And we continue to accelerate improvement throughout the system to make care better and safer for the people of this province.

While we value continuous improvement, we also know that change is not always easy. Large-scale transformation, such as that currently underway throughout Saskatchewan's health system using Lean methodologies and tools, requires unceasing effort, flexibility, courage, determination, and innovation. When HQC assumed the role of the Provincial Kaizen Promotion Office (PKPO) on April 1, 2013, we knew there would be unknowns about our role and how we would function within the health system. Yet we also believed taking on this important role to provincially coordinate, integrate, and report on the use of improvement methods such as Lean was a good fit for our organization, which has been continually evolving since its inception in 2002. We believed our employees and board members, who have expertise in quality improvement science, research, coaching, and change management, would be well positioned to support our health system colleagues as our province continues on its transformational journey.

Since then, the role of HQC has continued to evolve. In December 2014, it was announced that the Ministry of Health was ending early its contract with John Black and Associates (JBA), which had been hired to lead the implementation of Lean methods across the provincial health system. It was determined that the province's health regions and health care organizations had acquired sufficient knowledge and training and were in a position to make the final move toward self-sufficiency and ownership of this ambitious initiative. Currently, more than 260 health system employees have completed advanced training in continuous improvement, through the Lean Leader Certification Program, and these leaders will help guide the system through these times of significant change. Saskatchewan remains strongly committed to improving care and outcomes for patients, and HQC remains committed to working collaboratively with others to facilitate the ongoing transition to self-sufficiency in daily continuous improvement.

HQC will continue to serve as an integrator, working collaboratively with our health system partners to develop further proficiency in using these improvement methods. At the same time, HQC will also continue to develop its expertise in health system research. We know the important work undertaken by the researchers and research analysts in our Measurement and Analysis Services (MAS) team – in collaboration with researchers and research analysts in Saskatchewan

and beyond – complements the important work of the PKPO and supports the broader health system.

Our researchers and research analysts are making great strides in collaborating on research that will directly impact patients and patient care. In the 2014-2015 fiscal year, HQC signed a memorandum of understanding (MOU) with the University of Saskatchewan (U of S), which formally establishes that the two organizations wish to engage in collaborative studies using the health data available at HQC. The agreement enables HQC and the U of S to engage staff and students from both organizations in work of mutual interest that can impact the health system at large. It also enables HQC to meet the requirements of its Master Data Sharing Agreement with the Ministry of Health to allow access to administrative health data for research purposes. Joint projects that were started with U of S researchers in the 2014-2015 fiscal year include: measuring the quality of care for inflammatory bowel disease patients; measuring the cost effectiveness of lung cancer screening; measuring health care utilization in the period leading up to a multiple sclerosis diagnosis; and the effects of vitamin D supplementation in long-term care on hip fractures.

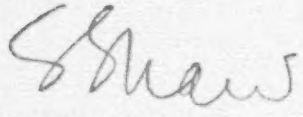
HQC researchers and research analysts are involved in a number of other exciting projects with their health system partners. In January 2015, researchers from HQC and the University of Saskatchewan-based Rural Dementia Action Research (RaDAR) Team released a report that provided new information on the scope of dementia across the province, as well as five recommendations for action. The report was based on the most comprehensive study of the scope of dementia and dementia care in Saskatchewan to date. Also in January, HQC added a unique skillset in health system modelling to its MAS team. The dynamic modelling HQC is engaged in will allow the health system to look at the potential benefits of proposed interventions and run "what-if" scenarios, with the aim of supporting evidence-informed decision-making and optimizing system investments. This work holds the potential to change how patient care is resourced and delivered.

On the topic of change, the 2014-2015 fiscal year saw four new members join the HQC board: Cheryl Craig, Tom Kishchuk, Dr. Werner Oberholzer, and Beth Vachon. The new members bring leadership experience from clinical care settings, industry, and health regions, and they will be an asset to our organization. At the same time as HQC welcomed the new board members, our organization also bid farewell to former board member Maura Davies. I would like to take this opportunity to thank Maura for her service.

The past year also saw a change in HQC leadership. Bonnie Brossart, who had served as HQC's chief executive officer for seven years, left the organization in December 2014 for a new opportunity. Gary Teare, HQC's former executive director of MAS, stepped into an interim CEO role upon Bonnie's departure. Following a national executive search, Gary was selected as HQC's new CEO. I would like to take this opportunity to thank Bonnie for her service, and to congratulate Gary on his new position.

Change was a constant theme throughout the 2014-2015 fiscal year in another way, as HQC employees and board members encouraged their health system colleagues, and the citizens of Saskatchewan, to pledge to make small changes to improve the system. At the Quality Summit in Saskatoon in May 2014, HQC officially launched the first Saskatchewan Change Day, based on a concept that originated in the U.K.'s National Health Service. From May 2014 to Change Day on Nov. 6, 2014, nearly 1,400 people from throughout the province pledged to make a small change to improve the health system, with pledges ranging from greeting people with a smile to lying in an ambulance stretcher to better understand the patient experience. The initiative was so successful that plans are underway for the second Saskatchewan Change Day, which will be held on Nov. 5, 2015.

Looking forward, the next year is sure to be one of more change as HQC's role in the health system continues to evolve. However, we will continue to build on our strong foundation of expertise in quality improvement science and health research. We will also continue to enhance our relationships with our health system partners. And, as always, making care better and safer for the patients and families in this province will be at heart of all that we do.



Dr. Susan Shaw
Board Chair

Message from the CEO

The analogy of a "house" is used to describe the essential elements of Lean, a continuous improvement approach that has spread and become foundational in many areas of human activity – including health care. In 2013, the Health Quality Council took on the role of coordinator of the work that our health system partners were undertaking to learn and apply tools and mindsets that would enable Saskatchewan's health care system to build its own "house." In the 2014-2015 year, we continued our work with our health system partners to develop a provincially coordinated approach to health care management and improvement.

HQC's mission is to accelerate improvement in health care. This is integral to the work that all HQC employees undertake every day. HQC plays an important integrator role in Saskatchewan's health system by working with its system partners – the Ministry of Health, health regions, and other provincial organizations – to facilitate the sharing of learning and the coordination of effort to continuously improve health care. HQC also has an important role to play in leading the collaborative development of the necessary tools, standards, learning communities, and networks to ensure good ideas are continually spread across the health system.

This year, we continued to refine and expand the capability of KaizenTracker.ca, our online searchable database of local improvement activity and results from across the province. We also developed and released refined materials and approaches for training of leaders at all levels of health care. The new Lean Improvement Leader's Training program helps front-line managers in health care settings learn fundamental concepts and tools for doing and leading health care improvement. HQC has engaged its health system partners to prepare to fully "Saskatchewanize" the training and the use of improvement tools and approaches.

One of the rooms in the "house" being built to support continuous improvement in health care is a team at HQC that coordinates province-wide work to eliminate waiting for emergency care. They are working with teams in the health regions to improve timeliness and flow of health care processes before, within, and after a patient's hospital visit or stay. This Provincial Kaizen Operations Team (PKOT) – or provincial improvement team – at HQC works to develop, test, and spread improvements in primary care, emergency and hospital care, and community-based post-hospital care. Starting late in 2014, a second provincial improvement team was established at HQC to develop and provincially spread methods that will enable patients, families, or staff members to signal a patient or staff safety concern and trigger an urgent response to prevent or resolve the problem.

In an effort to recruit and equip more "house builders" from the physician community, in 2014-2015 HQC partnered with the Saskatchewan Medical Association to sponsor four physicians to be trained on health care quality improvement through a course offered by Intermountain Healthcare. Intermountain Healthcare is a leader in integrating clinical leadership into the design and implementation of improved health care. In particular, Intermountain's approach emphasizes

clinicians leading the development of shared standards of appropriate care and then using process improvement methods to ensure the agreed standard of care is reliably delivered. Most importantly, they build in measurement and feedback to the clinical team so that the standard can be continuously updated and improved based on their measured experience. The Saskatchewan physicians are actively engaged in work to improve care in a variety of areas, and will help HQC incorporate key elements from their learnings from Intermountain into the next iteration of our quality improvement training programs in Saskatchewan.

The mortar that holds all the bricks of the "house" together is the patient first focus that has been the unifying motivation for Saskatchewan's health care improvement efforts since the Patient First Review in 2009. In this past year, HQC has worked with patients, families, and health system employees on a provincial Patient- and Family-Centered Care (PFCC) strategy. The strategy describes patient- and family-centered care as "an approach to the planning, delivery, and evaluation of health care that is grounded in mutually beneficial partnerships among health care providers, patients, and families. PFCC is a philosophy based in respect, dignity, collaboration, information sharing, and meaningful participation." Adding value for the patient is at the core of all of our health system improvement efforts.

Operating and improving on a human endeavour as complex as health care requires continual learning, curiosity, and a willingness to test new ideas. This is why the lawmakers who created HQC through the Health Quality Council Act in 2002 mandated HQC to undertake and promote research into issues pertaining to health care quality. This past year, we continued to partner with university-based researchers, clinicians, the Ministry of Health, and health regions on research to inform current and future improvements in health care. The research we are collaborating on includes a range of topics, such as investigations of quality gaps in chronic disease care, computer simulation modelling of patient flow into and through hospital care, and studies on patient safety concerns related to the use of prescribed medications. Our research collaborations are both provincial and national, leveraging the best skills and methodologies available.

To build a broader-based foundation for research that supports health system planning, improvement, and innovation, HQC and partners from the universities, health organizations, and the Ministries of Health and Advanced Education have been developing a proposal to partner in establishing a provincial patient-oriented research support unit. The Canadian Institutes of Health Research (CIHR), through its Strategy for Patient-Oriented Research (SPOR), is offering to provide matching funding for the establishment of this kind of research support unit in Saskatchewan, as it has in other provinces. The proposed Saskatchewan Centre for Patient-Oriented Research (SCPOR) will create an unprecedented opportunity for researchers, patients, health care providers, and administrators to work together to develop new knowledge to inform health care improvement. It is anticipated an application for funding will be submitted to CIHR in the summer of 2015.

Taken together, all of HQC's work in the past year continues HQC's pursuit of its mission to accelerate health care improvement across Saskatchewan. We look forward to continued partnerships with patients, health care providers, and administrators to further develop the

capabilities in Saskatchewan for continuous learning and improvement, so that patients and families can count on care that is reliably safe, accessible, and effective in helping them deal with their health concerns. We are excited about the positive changes that have taken place so far in our health system, and we are excited about the potential the future holds for even more improvement.

Gary Teare
Chief Executive Officer

Board of directors

Susan Shaw (Chair)

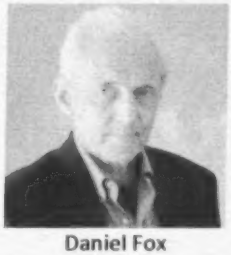
Dennis Kendel (Vice-Chair)

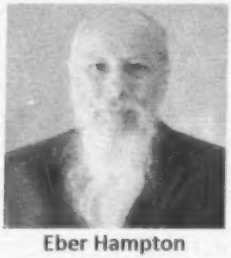
Ross Baker

Charlyn Black

Cheryl Craig

Elizabeth Crocker


Daniel Fox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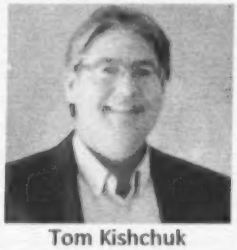
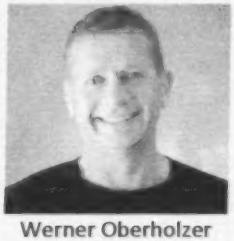

Tom Kishchuk


Werner Oberholzer

Yvonne Shevchuk

Beth Vachon

Health Quality Council staff

Highlights of HQC Activities for 2014-2015

The 2014-2015 Health Quality Council annual report centres on two major areas of focus at HQC: Coordinating and building capability for improvement and collaborating on research projects of interest to the provincial health system.

Coordinating and Building Capability for Improvement

The Health Quality Council serves to coordinate and advance provincial health system transformation efforts through its role as the Provincial Kaizen Promotion Office (PKPO). The work of provincially coordinating improvement across the health system is supported by the three key service lines at HQC: Learning and Implementation Services (LIS), Measurement and Analysis Services (MAS), and Corporate Services.

HQC works closely with a network of regional and organizational improvement specialists across the province to:

- Coordinate and support the training of health care leaders, managers and providers in Lean continuous improvement tools and methodologies;
- Report on the impact of improvement activity occurring within the health system;
- Coordinate a schedule of improvement events across the province; and
- Spread the improvements achieved in one area to similar settings.

Key accomplishments of this work are highlighted in the following sections.

Lean Improvement Leader's Training (LILT)

Working in collaboration with regional partners, HQC has taken a lead role in the development of LILT, or Lean Improvement Leader's Training. LILT is a program that is focused on helping leaders – such as managers, supervisors, and other improvement champions – develop knowledge and skills to lead their staff in applying continuous improvement methods and approaches in their areas.

Kaizen Network

"Kaizen" is a term that refers to continuous improvement. The provincial Kaizen Network consists of Directors, Kaizen Specialists and Workflow Coordinators who are working to support continuous improvement throughout the health system. HQC regularly coordinates and hosts meetings and teleconferences/webinars to keep the members of this community connected, so that they can learn from each other and share best practices. In 2014-2015, two sub-networks of the Kaizen Network were launched by HQC: one that is focused on the topic of replication (the spread of successful improvement), and another for the Workflow Coordinators that is focused on

strengthening shared processes required to support the many improvement initiatives occurring across the province.

Reporting on Improvement in Health Care

Throughout the 2014-2015 fiscal year, HQC worked closely with its health system partners – including health regions, provincial agencies, and the Ministry of Health – to establish consistent standards for reporting the improvement activity that is underway across the system, as well as the impact it is having at individual points of care. There are now consistent standards in place, which are being followed by all organizations, for measuring and reporting on improvement activity. Standards for aggregating and reporting the provincial impacts on patient care and outcomes are in development.

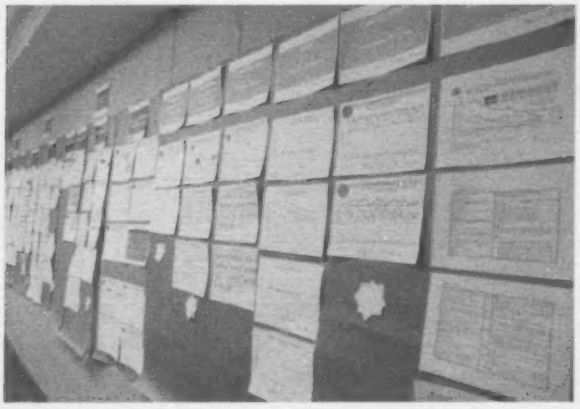
KaizenTracker.ca

KaizenTracker.ca is an online repository that is accessible to health system users to produce reports about the impact and sustainability of results achieved through Lean improvement events. Users who log in with a username and password are able to view ideas and changes from various improvement activities across the province. They can also view the ongoing results of improvement events, through ongoing audits, to understand the sustainability of the results.

BetterHealthCare.ca Website

HQC manages the BetterHealthCare.ca website on behalf of the provincial health system. The website shares information, articles, pictures, and videos about how Lean is making health care better and safer in Saskatchewan. In the 2014-2015 fiscal year, nearly 60 articles about how health regions and other health organizations are using improvement tools and methods were published on the website.

Provincial Leadership Team Wall Walk and Strategy Setting (Hoshin Kanri)



HQC supports the Ministry of Health with the implementation of Hoshin Kanri, or strategy setting. This is the method Saskatchewan's health system is using to set strategic priorities, determine goals for the system, establish plans to achieve the agreed-upon goals locally and provincially, and measure progress toward the goals. The Ministry of Health leads the strategic planning process, and HQC works closely with the Ministry to ensure health leaders have the data they need to inform decisions about improvement goals for the province as a whole. In the 2014-2015 fiscal year, HQC assisted with the visual display of data at provincial meetings held to discuss progress toward the improvement goals, and also provided measurement support to health regions for their own strategic planning. This work assists the Provincial Leadership Team with better understanding the impact that improvement efforts throughout Saskatchewan are having on the agreed-upon provincial goals. For example, HQC reports quarterly on incidence, prevalence and hospitalization rates for ambulatory care sensitive conditions. The six conditions that are reported on include asthma, coronary artery disease, congestive heart failure, chronic obstructive pulmonary disease (COPD), diabetes, and mood disorders.

Patient- and Family-Centered Care (PFCC)

The last fiscal year saw the development of a provincial strategy for Patient- and Family-Centered Care (PFCC) in Saskatchewan. The strategy was developed by HQC, in consultation with the provincial PFCC Forum, building upon the work the Forum did in 2013-2014. As part of the strategy – which was endorsed by the Provincial Leadership Team in December 2014 – the governance structure was revised and the provincial PFCC Forum was reorganized into the PFCC Guiding Coalition, the Patient and Family Network, and the Family Stakeholder Group. HQC coordinates and co-chairs the PFCC Guiding Coalition, and also coordinates the Patient and Family Network and the Family Stakeholder Group. Six working groups were launched, with membership from the PFCC Guiding Coalition, to focus on key areas of the strategy. HQC also worked with the Prince Albert Parkland Health Region (PAPHR) to coordinate a successful grant application to the Canadian Foundation for Health Improvement (CFHI) Collaborative, which aims to build capacity and enhance organizational culture to partner with patients and families to

improve quality. HQC has provided support to the PAPHR-based Collaborative team, as they test ideas to improve PFCC capability in the health region and spread these improvement ideas provincially.

Patient Experience Measurement

In February 2015, HQC released the unit-level acute care patient experience survey. The survey is a standardized questionnaire that captures the experience of care from the point of view of the patient. HQC has collaborated with representatives from health organizations across the province in a Patient Experience Survey (PES) Advisory Group to inform the development and pilot testing of this survey. The survey has been designed for individual acute care units to implement on their own as part of their efforts to improve the patient experience; however, because it is standardized, it can also be used by entire facilities or health regions as part of a coordinated strategy. Units that participate in the survey can submit their completed surveys once per month to HQC, and HQC will then analyze the results and produce graphs and tables that the unit can use in its improvement work. Currently there are 19 units, 10 facilities, and five health regions using the survey. The results are posted publicly on the QualityInsight.ca website.

Quality Insight Online

The last fiscal year included maintenance, technical support for users, and feature enhancements to QualityInsight.ca, HQC's health system performance reporting tool. Quality Insight Online (QIO) is a provincial resource that is designed to give everyone – the public, health providers, managers, and leaders – access to information about health system performance. The website displays "dashboards" of groups of key indicators to reflect how particular services or priority areas in the provincial health system are performing.

Igniting Ideas for Change

Saskatchewan Change Day

HQC launched the first annual Saskatchewan Change Day campaign at the Health Care Quality Summit in Saskatoon in May 2014. Saskatchewan Change Day is modelled after the highly successful National Health Service Change Day in the United Kingdom, which was

first held in 2013. Since then, the social movement has grown and spread to countries around the world. Saskatchewan Change Day – the first Change Day in Canada – encourages people to pledge to take one small step to improve health and health care. Participants are asked to post their pledges online on the Saskatchewan Change Day website, at www.skchangeday.com. The goal for the 2014 Saskatchewan Change Day campaign was to generate 1,000 pledges from across the province by the campaign's end date on November 6, 2014. That goal was surpassed, with nearly 1,400 pledges received. The campaign was so successful that planning began during the 2014-2015 fiscal year for the second annual Saskatchewan Change Day, which was launched on April 1, 2015, and will be held on November 5, 2015.

Quality Summit

HQC organized the fourth annual Health Care Quality Summit, which was held in Saskatoon on May 6 and May 7, 2014. The conference attracted more than 540 attendees, including 58 patients/family members, 18 physicians, 48 nurses, 101 board members, and 84 improvement consultants. The patient and family members' attendance was sponsored by HQC and endorsed by the Saskatchewan Patient and Family Centered Care Forum. The event featured internationally recognized keynote speakers, panel presentations, Saskatchewan stories, a patient panel, a public forum, and awards for teams and individuals. The keynote speakers were author Paul Plsek, who gave a talk entitled "Can we be both Lean AND Creative? The Virginia Mason Experience," and Kingston General Hospital CEO Leslie Thompson, who gave a talk entitled "What did I learn from a patient today?" Topics at the Quality Summit included transforming health care through Lean and providing patient- and family-centred care. HQC also hosted a public forum on May 7, 2014, in Saskatoon in conjunction with the conference.

Coordinating Province-wide Improvement Initiatives: Provincial Kaizen Operations Teams (PKOTs)

Safety Alert/Stop the Line Provincial Kaizen Operations Team (SA/STL PKOT)

During the 2014-2015 fiscal year, the Safety Alert/Stop the Line (SA/STL) Provincial Kaizen Operations (PKOT) Team – or provincial improvement team – was established at HQC. The initiative aims to support the province to achieve zero preventable harm for both patients and health care employees by 2020. The SA/STL processes support patients and staff in reporting incidents, with the goal of learning from these incidents and improving safety. The Saskatoon

Health Region implemented an SA/STL model line at St. Paul's Hospital in April 2014, which is intended to build and validate processes aimed at building a culture of safety. These processes make reporting easy and complete, set expectations for leaders to respond to incidents when they are reported, and build capacity to analyze and create trend reports. Since implementation, voluntary reporting has increased by 100 per cent, and the time it takes for leaders to respond to serious events has decreased. The SA/STL processes are planned to spread to all Saskatoon Health Region hospitals in 2015. Regional health authorities across the province have made multiple process improvements that have helped to build a culture of safety. Nine of the 13 health regions have STL procedures, standard work, and communication tools. The goal is to fully implement SA/STL processes in all health care settings by March 2018.

Emergency Department Provincial Kaizen Operations Team (ED-PKOT)

SOONER SAFER SMARTER

Emergency Department Waits and Patient Flow Initiative
putting the Patient First

The Emergency Department Provincial Kaizen Operations Team (ED-PKOT) supports the work of the provincial Emergency Department Waits and Patient Flow Initiative. The aim of the initiative is to eliminate Emergency Department waits. In 2014-2015, the provincial team developed the following: an evaluation framework for future program investments; an Alternate Level of Care (ALC) strategy; a provincial strategy for care coordination across acute care medicine/surgical units; and a provincial plan for health system modelling. The team also supported the Better Every Day 14 Day Challenge in Saskatoon Health Region and the region's 90-day improvement cycles. As well, the team developed standard principles and a Memorandum of Understanding (MOU) for a provincial standard on inter- and intra-regional transfers of care.

Better Care, Made Easier (Appropriateness of Care)

Starting with early lessons learned during the Saskatchewan Surgical Initiative, the Ministry of Health, with assistance from the Health Quality Council, developed a framework to guide evidence-informed design and implementation of health care standards that ensure fully appropriate services are delivered reliably to patients.

Variation and Appropriateness Working Group (VAWG)

The Variation and Appropriateness Working Group (VAWG) of the Saskatchewan Surgical Initiative was committed to ensuring surgical patients received the most appropriate, evidence-based surgical care. In 2014-2015, HQC continued to support a VAWG team comprised of vascular surgeons and radiologists to implement a standard of care they developed for surgical management of poor blood flow in the legs. HQC researchers helped the team establish routine data collection within their regular work flow and reports back to the clinicians based on those data to help them understand and learn from variations in the surgical care they provide for their

patients. HQC is also working with eHealth Saskatchewan to develop an electronic tool to make the collection and analysis of the data for the clinicians easier.

Pathway for Acute Stroke Care

The Ministry of Health is leading the development and implementation of a clinical pathway for acute ischemic stroke care in the province. HQC researchers are providing measurement support to the pathway development team and to the health regions that are testing and implementing the pathway. In 2014-2015, HQC researchers worked with the pathway development teams and with health providers in stroke care to develop a data collection process that will blend into clinical workflow. This means the data will be routinely collected as part of providing care. The providers have modified their current intake and treatment forms to ensure the data collection occurs so that the team can evaluate how the pathway is working. HQC will collect the data from the health regions, analyze it, and provide reports back to the stroke teams so that they can evaluate and improve care. HQC researchers are also supporting the Saskatoon Health Region Stroke Team to develop a data collection, analysis, and reporting process that will enable the team to monitor, evaluate, and improve the care that is provided for subarachnoid hemorrhage (hemorrhagic stroke).

Collaborating with Physicians on Improvement

HQC is actively engaging and collaborating with Saskatchewan physicians on health system improvement efforts. The aim is to develop sufficient capacity within the province's physician community to help HQC develop a Saskatchewan training program that complements and builds on the current Lean-based programs. For example, from January to April 2015, four Saskatchewan physicians and an HQC researcher participated in the miniAdvanced Training Program (miniATP) provided by Intermountain Healthcare. Participants completed nine days of classroom work as well as an improvement project. HQC, in partnership with the Saskatchewan Medical Association, sponsored the participation of the physicians in order to expose Saskatchewan doctors to a world-leading health care quality improvement approach.

Collaborating on Patient-Oriented Research

The members of the HQC Measurement and Analysis Services (MAS) team collaborate with health system partners and academics in Saskatchewan and beyond on research that can have a direct impact on patient care and patient outcomes. HQC's researchers and research analysts are skilled in working with the administrative health databases that HQC has access to under a data-sharing agreement with the Ministry of Health.

Research Collaborations with the University of Saskatchewan

HQC has collaborated with individual University of Saskatchewan (U of S) researchers for more than a decade. However, in 2014-2015 HQC signed a memorandum of understanding (MOU) with the U of S, which formally establishes a framework by which the two organizations can engage in collaborative studies. These collaborations leverage subject matter and methodological expertise from the U of S in combination with the expertise that HQC has gained during the last 12 years in using administrative health data in health systems and quality improvement research. The MOU enables HQC and the U of S to engage students and staff from both organizations in work that is of mutual interest to them and of interest to the health system at large. HQC has started collaborating with U of S researchers on several projects that could directly impact the health of Saskatchewan residents. The project topics include: measuring the quality of care for inflammatory bowel disease patients; measuring the cost effectiveness of lung cancer screening; measuring health care utilization in the period leading up to a multiple sclerosis diagnosis; and the effects of vitamin D supplementation in long-term care on hip fractures.

Saskatchewan Drug Utilization and Outcomes Research Team (SDUORT)

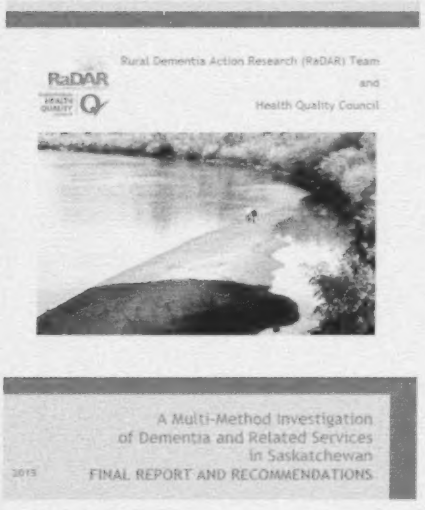
The Saskatchewan Drug Utilization and Outcomes Research Team, known as SDUORT, is a collaboration between HQC and the College of Pharmacy and Nutrition at the University of Saskatchewan to conduct pharmaco-epidemiological research. SDUORT, which is led by a U of S researcher and is funded by the Ministry of Health – Drug Plan and Extended Benefits Branch, undertakes projects to address the information needs of the Ministry and to help inform policy and drug-prescribing practices. In 2014-2015, studies were started on the following topics: the utilization of blood glucose strips in Saskatchewan; the association of blood glucose test strip use with hospitalization rates for hypoglycemia; and the utilization of prescription biologic agents in Saskatchewan.

Drug Safety and Effectiveness Network/Canadian Network for Observational Drug Effect Studies (DSEN-CNODES)

The Drug Safety and Effectiveness Network/Canadian Network for Observational Drug Effect Studies (DSEN-CNODES) is a national network, funded by the Canadian Institutes of Health Research, which provides rapid research responses to questions about the safety and effectiveness of medications prescribed in Canada. HQC serves as the Saskatchewan site of this national network of seven provincial/regional centres, with researchers from HQC collaborating with pharmaco-epidemiological researchers from the U of S. HQC's collaboration in this highly regarded national research network is helping to develop capacity in Saskatchewan for pharmaco-epidemiological research. An example of this work is a study published in the British Medical Journal in May 2014 about higher potency statins and the risk of new diabetes. The study concluded that "higher potency statin use is associated with a moderate increase in the risk of new onset diabetes compared with lower potency statins in patients treated for secondary prevention of cardiovascular disease." The paper included the recommendation that "clinicians should consider this risk when prescribing higher potency statins in secondary prevention patients."

In the 2014-2015 fiscal year, studies were started on two topics: The risk of serious cardiac events with the use of the drug domperidone in Parkinson's disease, and incretin use and the risk of pancreatitis, pancreatic cancer, and congestive heart failure in patients with type 2 diabetes. Several other studies started in an earlier year continued in 2014-2015 as well.

Collaboration with the Rural Dementia Action Research (RaDAR) Team



A report released in January 2015 by the University of Saskatchewan-based Rural Dementia Action Research (RaDAR) Team and HQC provided new information on the scope of dementia across the province and offered five recommendations for action. The report was based on a study that included a review of best practices in national dementia plans from nine countries, an environmental scan of dementia-related services and resources in the province, and an analysis of linked administrative health data by age group, sex, rural/urban residence, health region, and database. As part of the project, HQC accessed, linked, and analyzed 10 administrative health care databases to help the RaDAR researchers determine the incidence and prevalence of dementia in Saskatchewan. The next phase of the research will look at patterns in health service use. The study was supported through an Applied Chair in Health Services and Policy Research and funded by the Canadian Institutes of Health Research and the Saskatchewan Health Research Foundation, with in-kind support from HQC.

Computer Simulation Modelling of Health System Dynamics

During the past couple of years, HQC has been collaborating with researchers at the University of Saskatchewan to explore and develop the use of computer simulation modelling of patient flows in the health system. In the last fiscal year, with the hiring of a researcher with specific expertise and skills in this modelling work, HQC increased its efforts in this field. HQC also worked with the Saskatoon Health Region and the provincial Emergency Department Waits and Patient Flow Initiative to develop statistical models to predict how many people are going to show up in Emergency each day over the subsequent week. Computer simulation modelling and predictive modelling hold the potential to help move the health system from its historically reactive approach to serving patients to a new one, where health regions and facilities have a better idea of expected demand and where service bottlenecks are likely to occur. For example, this information provides health regions and facilities with the opportunity to better arrange their staffing and availability of services to meet demand peaks. Computer simulation modelling of health system dynamics will also enable health system leaders and policy-makers to look at the potential benefits of proposed interventions and run "what if" scenarios based on these interventions. This

can help optimize health system investments and support evidence-informed decision-making in health care.

Saskatchewan Centre for Patient-Oriented Research (SCPOR)

During the 2014-2015 fiscal year, HQC continued to partner with several health and advanced education organizations in Saskatchewan to develop an application to the Canadian Institutes of Health Research (CIHR) for co-funding a unit to support patient-oriented research in the province. The Saskatchewan Centre for Patient-Oriented Research (SCPOR) will be a partnership of numerous organizations from the health care and academic sectors that will bring together patients, health care providers, administrators, and researchers to answer questions and develop innovations relevant to provincial health improvement priorities. SCPOR will provide an opportunity to create knowledge through research that can inform provincial strategic health care improvement initiatives. In Saskatchewan, due to the efforts of health care organizations during the last few years to develop capability in continuous improvement, this knowledge can be translated quickly and reliably into practical improvements to patient care and experience. The funding proposal will be submitted in the summer of 2015.

Research Publications

RaDAR-HQC report:

Kosteniuk JG, Morgan DG, **Quail JM, Teare GT**, Kulyk K, O'Connell ME, Kirk A, Crossley M, Stewart NJ, Dal Bello-Haas V, McBain L, Mou H, Forbes D, Innes A, Bracken J, Parrott E. 2015. A Multi-Method Investigation of Dementia and Related Services in Saskatchewan: Final Report and Recommendations. Saskatoon, Saskatchewan: University of Saskatchewan.

Peer-reviewed publications from 2014-2015, on which HQC researchers were lead or collaborating authors:

Dormuth C, Filion K, Paterson JM, James M, **Teare G**, Raymond C, Rahme E, Tamim H, Lipscombe L. Higher potency statins and the risk of new diabetes: Multicentre, observational study of administrative databases. British Medical Journal 2014 May 29;348:g3244. doi: 10.1136/bmj.g3244.

Lix LM, Yan L, Blackburn D, **Hu N**, Schneider-Lindner V, **Shevchuk Y, Teare GF.** Agreement between administrative data and the Resident Assessment Instrument Minimum Dataset (RAI-MDS) for medication use in long-term care facilities: a population-based study. *BMC Geriatrics*, 2015, 15:24 (11 March 2015). Available online at: http://www.biomedcentral.com/1471-2318/15/24

Lix LM, Yan L, Blackburn D, **Hu N**, Schneider-Lindner V, **Teare GF.** Validity of the RAI-MDS for ascertaining diabetes and comorbid conditions in long-term care facility residents. *BMC Health*

Services Research, 2014, 14:17. Available online at http://www.biomedcentral.com/1472-6963/14/17.

Alsabbagh MW, Mansell K, Lix LM, **Teare G, Shevchuk Y, Lu X** , Champagne A, Blackburn DF. Trends in prevalence, incidence and pharmacologic management of diabetes mellitus among seniors newly admitted to long-term care facilities in Saskatchewan between 2003 and 2011. *Canadian Journal of Diabetes*. 2015; 39(2). DOI: 10.1016/j.jcjd.2014.10.002

Hamilton J, Verrall T, Maben J, Griffiths P, **Avis K, Baker GR, Teare G.** One size does not fit all: a qualitative content analysis of the importance of existing quality improvement capacity in the implementation of Releasing Time to Care: the Productive Ward™ in Saskatchewan, Canada. *BMC Health Services Research* 2014, 14:642 (19 December 2014). *Highly accessed article*. Available online at: http://www.biomedcentral.com/1472-6963/14/642

Teare GF. Measurement of Quality and Safety in Healthcare: The Past Decade and the Next. Healthcare Quarterly, 17 (Special Issue) October 2014: 45-50. 10.12927/hcq.2014.23950. Available online at: http://www.longwoods.com/content/23950

Hogan DB, Amuah JE, Strain LA, Wodchis WP, Soo A, Eliasziw M, Gruneir A, Hagen B, **Teare G,** Maxwell CJ. 2014. High rates of hospital admission among older residents in assisted living facilities: opportunities for intervention and impact on acute care. Open Medicine 2014;8(1)e33.

Norton, P.G., Murray, M., Doupe, M.B., Cummings, G.G., Poss, J.W., Squires, J.E., **Teare, G.F.**, Estabrooks, C.A. 2014. Facility versus unit level reporting of quality indicators in nursing homes when performance monitoring is the goal. *BMJ Open*, 4:e004488. Available online at http://bmjopen.bmj.com/content/4/2/e004488

Lix LM, Yan L, Blackburn D, **Hu N**, Schneider-Lindner V, **Teare GF**. Validity of the RAI-MDS for ascertaining diabetes and comorbid conditions in long-term care facility residents. BMC Health Services Research, 2014, 14:17. Available online at http://www.biomedcentral.com/1472-6963/14/17.

New Appointees to the HQC Board

Four new members joined HQC's board during the 2014-2015 fiscal year, bringing leadership experience from the clinical care setting, industry, and health regions.

- **Cheryl Craig** is Chief Executive Officer of the Five Hills Health Region, a position she has held since April 2009. A registered nurse by training, Craig has worked in administrative roles in community care, acute care, and long-term care. With the formation of the Moose

Jaw Thunder Creek Health District and subsequently the Five Hills Health Region, she served as Vice-President and Executive Director of the Clinical Services portfolio.

- **Tom Kishchuk** is President and Chief Executive Officer of Mitsubishi Hitachi Power Systems Canada, Ltd. and has served in this role since 2006. A native of Saskatoon, Kishchuk joined Hitachi as a founding employee when Hitachi, Ltd. established its first manufacturing plant for power generation equipment to be built outside of Japan in 1988. Since then, he has held a wide range of technical and leadership roles within the company with a constant focus on safety, environment, quality, and continuous improvement.

- **Dr. Werner Oberholzer** is a family physician in Radville, Saskatchewan. In 2013 he received the Canada Family Physician of the Year Award and the Saskatchewan Family Physician of the Year Award. Dr. Oberholzer has been Medical Director of Sun Country Health Region's Emergency Medical Services since 2012, and served as an expert member of the Saskatchewan Ministry of Health's chronic disease management program from 2013 to 2015. Dr. Oberholzer completed his medical training in South Africa.

- **Beth Vachon** has served as the Chief Executive Officer of the Cypress Health Region since April 2010. Prior to her appointment, she served in a variety of leadership positions within the Cypress Health Region and the Swift Current Health District, most notably as a member of the Senior Leadership Team and the Executive Director of Community Health Services since 2003. She has been employed in health care for more than 30 years, with front-line and managerial experiences in long-term care, acute care, and community health programming.

HEALTH QUALITY COUNCIL
FINANCIAL STATEMENTS

For the Year Ended March 31, 2015

Report of Management

Management is responsible for the integrity of the financial information reported by the Health Quality Council (HQC). Fulfilling this responsibility requires the preparation and presentation of financial statements and other financial information in accordance with Canadian generally accepted accounting principles that are consistently applied, with any exceptions specifically described in the financial statements.

The accounting system used by HQC includes an appropriate system of internal controls to provide reasonable assurance that:

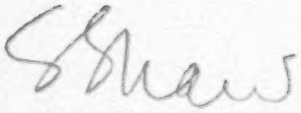
- transactions are authorized;
- the assets of the HQC are protected from loss and unauthorized use; and
- the accounts are properly kept and financial reports are properly monitored to ensure reliable information is provided for preparation of financial statements and other financial information.

To ensure management meets its responsibilities for financial reporting and internal control, board members of the HQC discuss audit and financial reporting matters with representatives of management at regular meetings. HQC board members have also reviewed and approved the financial statements with representatives of management.

The Provincial Auditor of Saskatchewan has audited the HQC's statement of financial position, statement of operations, statement of changes in net financial assets, and statement of cash flows.

Her responsibility is to express an opinion on the fairness of management's financial statements.

The Auditor's report outlines the scope of her audit and her opinion.



Dr. Susan Shaw
Board Chair
Saskatoon, Saskatchewan
July 3, 2015

Gary Teare
Chief Executive Officer

Independent Auditor's Report

PROVINCIAL AUDITOR
of Saskatchewan

INDEPENDENT AUDITOR'S REPORT

To: The Members of the Legislative Assembly of Saskatchewan

I have audited the accompanying financial statements of Health Quality Council, which comprise the statement of financial position as at March 31, 2015, and the statement of operations, statement of change in net assets and statement of cash flows for the year then ended, and a summary of significant accounting policies and other explanatory information.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with Canadian public sector accounting standards for Treasury Board's approval, and for such internal control as management determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

My responsibility is to express an opinion on these financial statements based on my audit. I conducted my audit in accordance with Canadian generally accepted auditing standards. Those standards require that I comply with ethical requirements and plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

I believe that the audit evidence I have obtained is sufficient and appropriate to provide a basis for my audit opinion.

Opinion

In my opinion, the financial statements present fairly, in all material respects, the financial position of Health Quality Council as at March 31, 2015, and the results of its operations, changes in its net assets, and its cash flows for the year then ended in accordance with Canadian public sector accounting standards.

Judy Ferguson

Regina, Saskatchewan
July 3, 2015

Judy Ferguson, FCPA, FCA
Provincial Auditor

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} www.auditor.sk.ca

Statement of Financial Position

HEALTH QUALITY COUNCIL
STATEMENT OF FINANCIAL POSITION
(thousands of dollars)

As at March 31	2015	2014
Financial assets		
Cash	$ 936	$ 404
Accounts receivable	243	255
Accrued interest receivable	29	66
Short-term investments (Note 3)	6,032	6,828
	7,240	7,553
Liabilities		
Accounts payable	371	179
Payroll liabilities	280	295
Deferred revenues (Note 5)	-	10
	651	484
Net financial assets	6,589	7,069
Non-financial assets		
Tangible capital assets (Note 2c & Note 4)	79	90
Prepaid expenses and deposits	162	116
	241	206
Accumulated surplus	$ 6,830	$ 7,275

Contractual commitments (Note 10)

Statement of Operations

HEALTH QUALITY COUNCIL
STATEMENT OF OPERATIONS
(thousands of dollars)

For the year ended March 31	2015		2014
	Budget (Note 8)	Actual	Actual
Revenue			
Saskatchewan Health			
- Operating Grant	$ 4,968	$ 4,968	$ 4,871
- Provincial Emergency Department Waits and Patient Flow Initiative	-	500	-
- Improving Appropriateness for MRI of the Lumbar Spine	-	200	-
- Safety Alert System - Provincial Kaizen Operations Team	-	200	-
- Saskatchewan Surgical Initiative Appropriateness Project	136	136	-
University of Saskatchewan			
- Academic Detailing Evaluation Partnership Team	-	-	22
- Canadian Institutes of Health Research	-	-	29
- Drug Safety & Effectiveness Network	138	193	192
- Health Services Use Among Individuals with Dementia	-	-	5
- Quality of Care Gaps for Rheumatic Disease	23	26	6
- Saskatchewan Drug Utilization & Outcome Research Team	96	83	66
- Vitamin D in Long Term Care	-	26	-
- Other	17	64	-
Canadian Respiratory Research Net (Asthma)	22	-	-
Chronic Disease Epidemiology	18	-	-
Continuous Integration Development	-	2	-
Hypertension in Newborns	27	-	-
Prince Albert Parkland Regional Health	33	33	87
Quality Summit	240	231	260
Saskatoon Regional Health Aurthoity	-	-	65
Saskatchewan Medical Association	200	-	200
Other	-	6	54
Interest	-	93	117
Gain on Disposal of Assets	-	4	
	5,918	6,765	5,974
Expenses			
Project funding	1,684	1,487	1,931
Grants	205	84	69
Wages and benefits	5,228	4,724	4,688
Travel	346	233	225
Administrative and operating expenses	146	177	102
Honoraria and expenses of the board	107	90	82
Amortization expense	85	72	76
Rent	340	343	384
	8,141	7,210	7,557
Annual deficit	$ (2,223)	(445)	(1,583)
Accumulated surplus, beginning of year		7,275	8,858
Accumulated surplus, end of year		$ 6,830	$ 7,275

(See accompanying notes to the financial statements)

Statement of Change in Net Assets

HEALTH QUALITY COUNCIL
STATEMENT OF CHANGE IN NET ASSETS
(thousands of dollars)

For the year ended March 31	2015	2014
Annual deficit	$ (445)	$ (1,583)
Acquisition of tangible capital assets	(61)	(32)
Amortization of tangible capital assets	72	76
	11	44
Acquisition of prepaid expense	(162)	(116)
Use of prepaid expense	116	75
	(46)	(41)
Decrease in net financial assets	(480)	(1,580)
Net financial assets, beginning of year	7,069	8,649
Net financial assets, end of year	$ 6,589	$ 7,069

(See accompanying notes to the financial statements)

Statement of Cash Flows

HEALTH QUALITY COUNCIL
STATEMENT OF CASH FLOWS
(thousands of dollars)

For the year ended March 31	2015	2014
Operating transactions		
Annual deficit	$ (445)	$ (1,583)
Non-cash items included in annual deficit:		
Amortization of tangible capital assets	72	76
Net change in non-cash working capital items:		
Deferred revenue	(10)	(165)
Accrued interest receivable	37	(62)
Accounts receivable	12	245
Prepaid expenses	(46)	(41)
Accounts payable	192	(158)
Payroll liabilities	(15)	56
Cash used by operating transactions	(203)	(1,632)
Capital transactions		
Cash used to acquire tangible capital assets	(61)	(32)
Cash applied to capital transactions	(61)	(32)
Investing Transactions		
Purchases of investments	(11,096)	(9,536)
Proceeds from disposal/redemption of investments	11,892	4,708
Cash provided/(used) by investing transactions	796	(4,828)
Increase/(Decrease) in cash and cash equivalents	532	(6,492)
Cash and cash equivalents, beginning of year	404	6,896
Cash and cash equivalents, end of year	$ 936	$ 404

HEALTH QUALITY COUNCIL
NOTES TO THE FINANCIAL STATEMENTS

March 31, 2015

1. Establishment of the Council

The *Health Quality Council Act* was given royal assent on July 10, 2002 and proclaimed on November 22, 2002. The Health Quality Council (HQC) measures and reports on quality of care in Saskatchewan, promotes continuous quality improvement, and engages its partners in building a better health system. HQC commenced operations on January 1, 2003.

2. Accounting Policies

Pursuant to standards established by the Public Sector Accountants Standards Board (PSAB) and published by Chartered Professional Accounts (CPA) Canada, HQC is classified as an other government organization. Accordingly, HQC uses Canadian generally accepted accounting principles applicable to public sector. The following accounting policies are considered significant.

a) Operations

For the operations of HQC, the primary revenue is contributions from the Saskatchewan Ministry of Health (Ministry of Health). Other sources of revenue include conference registrations, interest and miscellaneous revenue.

Unrestricted contributions are recognized as revenue in the year received or receivable if the amount can be reasonably estimated and collection is reasonably assured. Restricted contributions are deferred and recognized as revenue in the year when related expenses are incurred. Interest earned on restricted contributions accrues to the benefit of the restricted program.

Government transfers/grants are recognized in the period the transfer is authorized and any eligibility criteria is met.

b) Measurement Uncertainty

The preparation of financial statements in accordance with PSAB accounting standards requires HQC's management to make estimates and assumptions that affect the reported amounts of assets and liabilities and the disclosure of commitments at the date of the financial statements and the reported amounts of revenue and expenses during the period. Actual results could differ from those estimates.

Tangible Capital Assets

c) Tangible capital assets are reported at cost less accumulated amortization. Purchases valued at $1,000 or greater are recorded as a capital asset. Leasehold improvements are amortized over the length of the original lease. The current lease has been extended to December 31, 2018. Amortization is recorded on a straight-line basis at rates based on estimated useful lives of the tangible capital assets as follows:

Office Furniture	10 years
Office Equipment	5 years
Computer Hardware	3 years
Computer Software	3 years
Leasehold Improvements	life of lease

Normal maintenance and repairs are expensed as incurred.

3. Short-Term Investments

HQC held investments in the amount of $6,032,467 as described below at March 31, 2015. The current investments are short-term, held for a period of one year or less.

	2015	
	Carrying Value (000's)	Interest Rate
Term Deposits		
TD Canada Trust	$ 511	1.35%
TD Canada Trust	$ 307	1.35%
TD Canada Trust	$ 304	1.35%
TD Canada Trust	$ 309	1.00%
TD Canada Trust	$ 508	1.35%
TD Canada Trust	$ 1,003	1.05%
TD Canada Trust	$ 1,000	1.35%
TD Canada Trust	$ 1,000	1.35%
TD Canada Trust	$ 1,090	1.40%
Total Investment	**$ 6,032**	

4. Tangible Capital Assets

The recognition and measurement of tangible capital assets is based on their service potential.

	Office Furniture & Equipment	Computer Hardware & Software	Leasehold Improvements	2015 Totals	2014 Totals
	(thousands of dollars)				
Opening cost	$ 212	$ 609	$ 61	$ 882	$ 850
Additions	12	40	9	61	32
Disposals	(11)	(41)	-	(52)	-
Closing cost	213	608	70	891	882
Opening accumulated amortization	178	553	61	792	716
Annual Amortization	11	60	1	72	76
Disposals	(11)	(41)	-	(52)	-
Closing accumulated amortization	178	572	62	812	792
Net book value of tangible capital assets	$ 35	$ 36	$ 8	$ 79	$ 90

5. Deferred Revenues

	Beginning balance	Amount received	Amount recognized	Ending balance
	(thousands of dollars)			
Quality Summit	10	0	10	0
Totals	$ 10	$ 0	$ 10	$ 0

6. Related Party Transactions

Included in these financial statements are transactions with various Saskatchewan Crown Corporations, ministries, agencies, boards, and commissions related to HQC by virtue of common control by the Government of Saskatchewan, and non-crown corporations and enterprises subject to joint control or significant influence by the Government of Saskatchewan (collectively referred to as "related parties"). Other transactions with related parties and amounts due to or from them are described separately in these financial statements and notes thereto.

Routine operating transactions with related parties are recorded at the agreed upon rates charged by those organizations and are settled on normal trade terms.

Related Party Transactions (cont'd)

Below are the revenue and expenses from the related parties for the year and the account balances at the end of the year.

	2015	2014
	(thousands of dollars)	
Revenue		
Capital Pension Plan	$ 10	$ -
Ministry of Health	4,968	4,871
Ministry of Health – Grant Funding	1,049	-
Regional Health Authorities	98	192
University of Saskatchewan	367	319
Expenses		
Capital Pension Plan	241	231
Ministry of Finance	19	-
Regional Health Authorities	527	591
Saskatchewan Health Research Foundation	63	60
Saskatchewan Opportunities Corporation (operating as Innovation Place)	402	423
Saskatchewan Workers' Compensation	11	4
SaskTel	8	6
University of Regina	-	1
University of Saskatchewan	145	190
Other	4	7
Accounts Payable		
Capital Pension Plan	21	23
Regional Health Authorities	57	43
Saskatchewan Workers' Compensation	5	-
University of Saskatchewan	51	-
Other	1	-
Accounts Receivable		
Regional Health Authorities	10	53
University of Saskatchewan	218	195

Also, HQC pays Provincial Sales Tax to the Saskatchewan Ministry of Finance on all its taxable purchases. Taxes paid are recorded as part of the cost of those purchases.

7. Financial Instruments

HQC has the following financial instruments: short-term investments, accounts receivable, accounts payable, and payroll liabilities. The following paragraphs disclose the significant aspects of these financial instruments. HQC has policies and procedures in place to mitigate the associated risk.

Financial Instruments (cont'd)

a) Significant terms and conditions

There are no significant terms and conditions associated with the financial instruments that may affect the amount, timing, and certainty of future cash flows.

b) Interest rate risk

HQC is exposed to interest rate risk when the value of its financial instruments fluctuates due to changes in market interest rates. HQC does not have any long-term investments that may be affected by market pressures. HQC's receivables and payables are non-interest bearing.

c) Credit risk

HQC is exposed to credit risk from potential non-payment of accounts receivable. Most of HQC's receivables are from provincial agencies and the federal government; therefore, the credit risk is minimal.

d) Fair value

For the following financial instruments, the carrying amounts approximate fair value due to their immediate or short-term nature:

Short-term Investments
Accounts receivable
Accounts payable
Payroll liabilities

8. Budget

These amounts represent the operating budget that was approved by the Board of Directors – March 21, 2014.

9. Pension Plan

HQC is a participating employer in the Capital Pension Plan, a defined contribution pension plan. Eligible employees make monthly contributions of 6.35% of gross salary, which are matched by HQC. HQC's obligation to the plan is limited to matching the employee's contribution. HQC's contributions for this fiscal year were $241,127 (2014 - $231,293).

10. Contractual Commitments

As of March 31, 2015, HQC had the following commitments:

a) Office Rent

HQC has a lease for office space with Saskatchewan Opportunities Corporation (operating as Innovation Place). The lease has been extended to December 31, 2018. The monthly cost is $16,808 for the period of January 1, 2014 to December 31, 2018.

b) Saskatchewan Health Research Foundation (SHRF)

HQC has entered into an agreement with Saskatchewan Ministry of Health, University of Saskatchewan and Saskatchewan Health Research Foundation (SHRF) for grant administration. The agreement requires SHRF to administer funds on behalf of HQC. The agreement is effective from October 15, 2012 – October 14, 2017. The amount paid for grant administration in the current fiscal year is $60,000 (2014 - $60,000). The pricing schedule for the remaining time period is:

Period	Grant Administration
April 1, 2015 – March 31, 2016	$ 60,000
April 1, 2016 – March 31, 2017	$ 60,000
April 1, 2017 – Oct 14, 2017	$ 32,258

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